

ADDENDUM

The following discussion was unfortunately omitted from the paper by Norman B. Kanof, M.D. entitled "Melanin Formation in Vitiliginous Skin Under the Influence of External Application of 8-Methoxypsoralen" in the January, 1955 issue. This paper was read at the Fifteenth Annual Meeting of The Society for Investigative Dermatology, Inc., San Francisco, California, June 12, 1954.

DR. THOMAS B. FITZPATRICK (Portland, Oregon): I will confine my remarks to the orally administered 8-methoxypsoralen since our experience with locally applied 8-methoxypsoralen has not been satisfactory. Local applications of 8-methoxypsoralen in a liquid form or in an oil-in-water emulsion base have resulted in many unhappy patients. The adverse reactions are unpredictable and occasionally severe, the degree of repigmentation has not been cosmetically acceptable, and most patients have refused to continue with the treatment.

As a result of a recent study of 47 patients, we are able to answer a few questions:

Is 8-methoxypsoralen safe to administer?

In daily oral doses of 0.5 to 1 mg. per kg. body weight given over periods of 22 months, we have not been able to elicit any clinical or laboratory evidence of toxicity in a series of 47 patients.

How efficacious are the psoralens in repigmenting vitiligo skin?

Approximately 31 per cent of patients have obtained a degree of repigmentation of vitiliginous skin which is cosmetically acceptable following oral administration of 8-methoxypsoralen in dosage ranges of 0.5 to 0.7 mg. per kg. body weight daily. The following factors must be considered in evaluating the results of treatment of vitiligo with psoralens:

1. *The type of ultraviolet radiant energy source:* Those patients who have received the maximum amount of exposure to *sunlight* have obtained the greatest amount of repigmentation of vitiliginous areas. Some patients have pigmented slowly after exposure to ultraviolet radiant energy from a carbon arc source, but as yet we have not been able to produce any significant degree of repigmentation after exposure to ultraviolet radiant energy from a hot quartz mercury vapor lamp.

2. *Time of administration of psoralens.* The best responses were noted when the *total* daily dose was ingested three to four hours *before* exposure to the ultraviolet radiant energy.

3. *The site involved.* Vitiligo of the face, neck and trunk repigments most rapidly following treatment with the psoralens. The dorsum of the hands and feet and vitiligo skin over bony prominences do not repigment except following prolonged therapy.

4. *The duration of the disease.* In children, who have necessarily had the disease for a shorter duration, the responses are more rapid and more complete than in adults who have had the disease for five years or more. Those adults who have

had vitiligo for a relatively short time have had a more rapid and complete response to treatment.

The most important conclusion that we have reached from this investigation of the use of psoralens in the treatment of vitiligo is the realization that vitiligo is a potentially reversible disorder.

ANNOUNCEMENT

EARL D. OSBORNE FELLOWSHIP IN DERMAL PATHOLOGY

This fellowship, sponsored by the American Academy of Dermatology and Syphilology, is to provide annually the opportunity for study and training in dermal pathology to a postgraduate student who has completed satisfactorily at least one year or preferably two years of training in dermatology. The stipend is \$4,000 a year, divided into four quarterly payments during the year's fellowship. The period of training will be spent at the Armed Forces Institute of Pathology, Washington, D.C., the appointment being subject to approval by the director of the Institute. The American Board of Dermatology and Syphilology, Inc., has approved the Institute as an institution for one year of training.

It must be emphasized, however, that a student must complete one year of graduate training, either before or after completion of the Osborne Fellowship, in an institution approved by the Board for three years of training. The primary purpose of the Osborne Fellowship is to train dermatologists in dermal pathology. The large amount of material in dermal pathology on hand at the Institute will be available for study, and original research may be pursued under the direction of the chief of the dermal pathology section of the Institute.

Dermatologists in training who are interested in this fellowship may obtain application blanks from Dr. Hamilton Montgomery, chairman of the Committee on Pathology of the American Academy of Dermatology and Syphilology, 200 First Street Southwest, Rochester, Minnesota. The next available appointment begins July 1, 1955.